

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

12172

190

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Howard

City or town Elksridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 yrs

Hospital, institution, or street address where death occurred: 6214 old washgtn

How long in hospital or institution?

3. (a) FULL NAME

Herbert Wardell Brundrett

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife: Emma Alberta Wilkins

Brundrett

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 6, 1873

8. AGE: Years 79

Months 5

Days 6

If less than one day hrs. min.

9. Birthplace England

(Town, county, and state)

10. Usual occupation pattern maker

11. Industry or business Retired

12. Name John E. Brundrett

13. Birthplace England

14. Maiden name Mary Ann Bollop

England

15. Birthplace England

16. Informant Miss Wardell Brundrett

Address 6214 old Wash Rd Elksridge

17. Burial Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/16/46

(month) (day) (year)

Cemetery or crematory Meadowridge

Location Elkridge, Md.

18. Funeral director Wm. J. Tickner & Sons

Address North & Pa. Aves

19. (Date rec'd by registrar) 12/13/46

(Date rec'd by registrar) 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County Howard

City or town Springridge

(If outside city or town limits, write RURAL and give nearest town)

Area No. 6214 old wash Rd

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number 210-10-2267

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1946 at 8 a.m.

21. CERTIFY that death occurred on the date above stated: That I attended deceased from

Nov 23 1946 to Dec 12 1946

and that I last saw him alive on Dec 11 1946

Immediate cause of death Cardiac arrest due to cerebral hemorrhage 3 weeks

Due to cerebral arteritis 5 yrs

Due to glaucoma 2 yrs

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings or operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Brundrett

M. D. or other Dr. Joseph

Address 5809 Main St

Date signed 12/13/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-0)

12173

1950

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County... *Howard*City or town... *Savage*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *1 hr*Hospital, Institution, or street address where death occurred: *Baltimore Ave*

How long in hospital or institution?

3. (a) FULL NAME

John adolphus Bresley

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

B. (b) Name of husband or wife

Mary S. Waller

7. Birth date of deceased (mo., day, yr.)

June 24 1868

B. (c) If alive, give age 76 years

8. AGE:

Years

Months

Days

If less than one day

78

6

1

hrs.

min.

9. Birthplace

Savage MD

(Town, county, and state)

10. Usual occupation

Machinist

11. Industry or business

Retired

12. Name

William Bresley

13. Birthplace

West River MD

14. Maiden name

Martha Tucker

15. Birthplace

Maryland

16. Informant

Mr. Samuel B. Bresley

Address

Savage MD

17. Burial, cremation, or removal (which?)

Burial

Date thereof (month) (day) (year)

Cemetery or crematory

Savage MD

Location

Savage MD

18. Funeral director

W.H. & H. Bresley

Address

Savage MD

19. 12/26/46 19

(Year by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Md*County... *Howard*City or town... *Savage*

(If outside city or town limits, write RURAL and give nearest town)

Street No... *Baltimore Ave*

(If rural, give LOCATION)

2.(a) If veteran, name war... *none*

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 25 46 at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Dec 12 46 to Dec 25 46*and that I last saw him alive on *Dec 24 46*

Immediate cause of death

*CH - Nephritis 2 yrs*Due to *CH myocarditis eye & Decompenstation*

Due to

general arteritis 5 yrs

Other conditions

Smiling

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. /

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B.B. Brumback

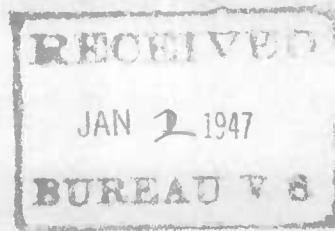
M. D. or other

Address

Elkridge MD

Date signed

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8L
7/61



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12174

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County HowardCity or town Clarksville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Clarksville

How long in hospital or institution?

3. (a) FULL NAME

Charles Albert Groves

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1884 years

8. AGE: Years 62 Months 9 Days 6 If less than one day
hrs. _____ min. _____

9. Birthplace Howard County, Md
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Millard Fillmore Groves13. Birthplace Carroll County, Md14. Maiden name Marietta Jane Day15. Birthplace Howard County, Md16. Informant Karence Jeannette WhiteAddress 2508 Loretta Ave - Baets17. Burial Date thereof 12-5-46
(Burial, cremation, or removal. Which?)
(month) (day) (year)Cemetery or crematory Mt ZionLocation Hagerstown, Md18. Funeral director F.C. Hagan & SonAddress Hagerstown, Md.19. 12/4/46 1946 Mari C. Whittaker
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Clarksville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 2 1946 at 8 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Dec 2 1946

Immediate cause of death

CARDIAC FAILUREDue to Exposure

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

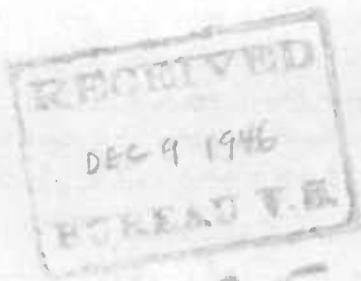
Means of injury

Injured at work?

23. SIGNATURE Charles S. Whittaker, M.D.

M. D. or other

Address Clarksville, Md Date signed 12/4/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-B

12175

CERTIFICATE OF DEATH

Reg. Dist. No. 1920

1. PLACE OF DEATH:

County... Howard

City or town... West Friendship

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Minnie D. Hobbs

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

7. Birth date of deceased (mo., day, yr.) July 23, 1859

6. (c) If alive, give age..... years

8. AGE: Years 87

Months 5

Days

If less than one day

..... hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name... Nimrod Derry

13. Birthplace Md.

14. Maiden name Cline

15. Birthplace Md.

16. Informant Mrs. Asbury Hobbs

Address West Friendship Md.

17. Burial Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 27, 1946

(month) (day) (year)

Cemetery or crematory Harmony Cemetery

Location M. Cocksville, Howard Co., Md.

18. Funeral director C. Harry Lee

Address Sykesville, Md.

19. Date rec'd by registrar Dec. 27, 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md.

County... Howard

City or town... West Friendship

(If outside city or town limits, write RURAL and give nearest town)

Street No....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1946, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 22, 1946, to Dec. 24, 1946 and that I last saw her alive on Dec. 21, 1946.

Immediate cause of death

Acute cardiac failure

DURATION

1 week

Due to

Chronic myocarditis

10 years

Due to

Other conditions Carcinoma uteri
c metastases

15 years

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

Charles S. Whitaker, M.D.

M. D. or other

Address

Clarksburg, Md.

Date signed 12-25-46

RECEIVED

DEC 30 1946

BUREAU F.B.I.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 64

★ 12176

CERTIFICATE OF DEATH

Reg. Dist. No. 1930

1. PLACE OF DEATH:

County... Howard

City or town... Rural - near Florence
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo - 10 da

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry Martin Mayne

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

None

7. Birth date of deceased (mo., day, yr.)

Sept. 18, 1946

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

2 15 hrs. min.

9. Birthplace.....

Howard County - Md.
(Town, county, and state)

10. Usual occupation.....

none

11. Industry or business

MOTHER

FATHER

David Franklin Mayne

Howard Co. Md.

Lucille Loraine Bloom

Carroll Co. Md.

16. Informant.....

David F. Mayne

Address

Woodbine, Md.

17. Burial

(Burial, cremation, or removal, where)

Date thereof, 12-5-1946
(month) (day) (year)

Cemetery or cemetery

Jennings Chapel

Location

Florence, Howard Co. Md.

18. Funeral director.....

Address

L.M. Walls

Westfield, Md.

19. Date rec'd by registrar

1946

Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Howard

City or town... Rural - near Florence
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 3 1946 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death.....

Natural Causes

Due to.....

Status Thymic lymphaticus

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

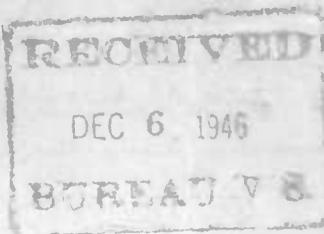
Injured at work?

23. SIGNATURE.....

Stanley Grubill - M. D. *acting coroner*

Address... Mt airy - Md. Date signed 12/3/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12177

CERTIFICATE OF DEATH

Reg. Dist. No.

1940

1. PLACE OF DEATH:

County... Howard
 City or town... West Friendship
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Isabelle Penn4. Sex F 5. Color or race w. 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Mathewius Penn7. Birth date of deceased (mo., day, yr.) July 30, 1858 6. (c) If alive, give age years8. AGE: Years 88 Months 4 Days 27 If less than one day hrs. min.9. Birthplace Maryland
(Town, County, and state)10. Usual occupation at home11. Industry or business Burbury Record12. Name John13. Birthplace md14. Maiden name Mary Bell15. Birthplace md16. Informant Alonso PennAddress West Friendship Md.
(Burial, cremation, or removal. Which?) Burial Date thereof 12-29-46 (month) (day) (year)Cemetery or crematory ProvidenceLocation Glenelg Md18. Funeral director F.C. NegusbothamAddress Ellwood City Md19. 12-29 1946 (Date rec'd by registrar) Maria A. Whetstone Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Number 27 1946 at 4:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1946 to Dec 26 1946 and that I last saw her alive on Dec 26 1946

Immediate cause of death

Bronchopneumonia DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles S. Whitaker M.D.
M. D. or other
Address Charlesville Date signed 12/29/46

RECEIVED

JAN 2 1947

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 386

CERTIFICATE OF DEATH

12178/920

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White Married

8.(b) Name of husband or wife.....

Henry W. Ridgely

7. Birth date of deceased (mo., day, yr.)

July 31, 1875

6.(c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day

71 4 13 hrs. min.

9. Birthplace.....

Baltimore Maryland

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

FATHER

12. Name..... Ernest Ray

13. Birthplace

Germany

MOTHER

14. Maiden name..... Barbara Heisland

15. Birthplace

Georgia

16. Informant.....

Male Ridgely

Address

Ellicott City, Md.

17.

(Burial, cremation, or removal, which)

Date thereof. Dec. 15 1946

(month) (day) (year)

Cemetery or crematory.....

Mt. View

Location.....

Blacks Corner

18. Funeral director.....

E. Astor Son

Address

Ellicott City, Md.

19. Dec. 14 1946

(Date rec'd by registrar) Alice M. Hebb,

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Frederick Pike

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

December 13 1946, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1

18 46

to Dec. 13 1946

and that I last saw him.....alive on

Dec. 17

19 46

Immediate cause of death.....

General Emphysema

DURATION

1 wk

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

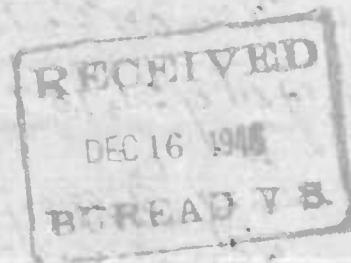
injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed. Dec. 14 1946



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1217.1

M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Howard
City or town Eldridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrsHospital, Institution, or Street address where death occurred: your home

How long in hospital or institution?

3. (a) FULL NAME

Emma Elizabeth Rollins4. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Tom Marshall Rollins7. Birth date of deceased (mo., day, yr.) March 9-1878 6. (c) If alive, give age 66 years8. AGE: Years 68 Months 9 Days 19 If less than one day
hrs. min. 9. Birthplace Ta Plaza, El Dorado, Md. (Town, county, and state)10. Usual occupation Domestic11. Industry or business Housewife12. Name Morgan Thompson13. Birthplace Maryland14. Maiden name Mary Kell Jones15. Birthplace Maryland16. Informant Rev. Wm. Rollins Jr.Address Elbridge, Md.17. Burial Date thereof Jan. 23, 1948 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory St. Mark's CemeteryLocation Elbridge, Md.18. Funeral director Mrs. Katie R. WilliamsAddress 322 N. Schaefer St.19. Date rec'd by registrar Dec. 30 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HowardCity or town Eldridge (If outside city or town limits, write RURAL and give nearest town)Street No. Front Street (If rural, give LOCATION)2.(a) If veteran, name war —3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1946 at 3 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 46 to Dec 28, 46and that I last saw him alive on Dec 28 1946Immediate cause of death Cirr. Myo carditis DURATION 6 moDue to Diabetes mellitus DURATION 5 yrsDue to Bron arterio sclerosis DURATION 5 yrsOther conditions Sensitivity DURATION 5 yrs

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State) —Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE R. A. Brundage M. D. or other —Address Eldridge, Md. Date signed Dec 28, 46

RECEIVED

DEC 3D 1946

BUREAU

REC'D

DEC 30

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of month and year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

12181

CERTIFICATE OF DEATH

Reg. Dlat. No.

1900

1. PLACE OF DEATH: Howard
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, Institution, or street address where death occurred:
Montgomery Road
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Howard
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Elmwood Mildoveridge Ave
 (If rural, give LOCATION)

3. (a) FULL NAME James Edward Snell

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Widower</u>
		<u>Sadie Jackson</u>
6. (b) Name of husband or wife.....		
7. Birth date of deceased (mo., day, yr.) <u>Nov. 12, 1886</u>		
B. (c) If alive, give age <u>June 18870</u> years		
8. AGE: Years <u>60</u>	Months	Days
If less than one day		
hrs. min.		
9. Birthplace <u>Elmbridge, Howard Co Md</u> <small>(Town, county, and state)</small>		
10. Usual occupation <u>Laborer</u>		
11. Industry or business <u>Stonemason</u>		

MOTHER FATHER	12. Name <u>Nathaniel Snell</u>
	13. Birthplace <u>Maryland</u>
MOTHER	14. Maiden name <u>Jemimah Blackston</u>
	15. Birthplace <u>Maryland</u>
16. Informant <u>Benjamin Snell</u>	
Address <u>Elmbridge Md</u>	

17. Burial Date thereof Dec. 31, 1946
 (Burial, cremation, or removal. Which?)

Cemetery or crematory Blackstone Cemetery

Location Elmbridge, Md.

18. Funeral director Mrs. Katie R. Williams

Address 322 N. Charles St

19. Date rec'd by registrar Dec. 31, 1946

Registrar
1-35

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27, 1946, to Dec. 27, 1946, and that I last saw h... in alive on at no time.

Immediate cause of death.....

Due to..... Pulmonary Edema 11 AM

Due to..... Chronic Myocardial Disease

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? El (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Alpha N. Herbert MD

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address Ellwood City Md Date signed 12-27-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

12186910

Reg. Dist. No. 5-94

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Philadelphia Pines

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

3. (a) FULL NAME

Mary Jane Staubs

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

December 20, 1941

8. AGE:

Years Months Days If less than one day
5 0 0 hrs. min.

9. Birthplace

Hagerstown Washington Co Md

(Town, county, and state)

10. Usual occupation

Child

11. Industry or business

Roy Thomas Staubs

Pennsylvania

12. Name

MOTHER FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof

(month)

(day)

(year)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

Signature

Address

Date signed

12-23-46

John B. Loughran

Registrar Pa. A.E.C.

1946

12-23-46

Alpha N. Herbert M.D.

Address

Elliott City

Md

Date signed

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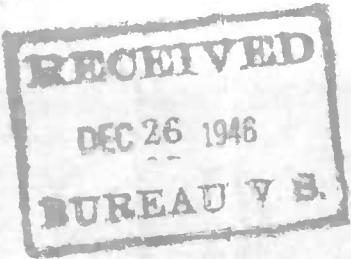
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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12183

1910

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

3. (a) FULL NAME

William Thomas Staubs

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Single

6 (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6(c) If alive, give age years

January 2, 1943

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

3 11 18

9. Birthplace

Hagerstown Washington Co Md.

(Town, county, and state)

10. Usual occupation

Child

11. Industry or business

Roy Thomas Staubs

MOTHER FATHER

Pennsylvania

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

Norma Detzer

Williamsport Md.

16. Informant

Mrs A. I. Staubs

Address

Stenly Md.

17. Burial

Date thereof (month) (day) (year)

12-23-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Riverview

Location

Williamsport Maryland

18. Funeral director

J. O. Higginbotham

Address

Ellisott City Md

19. Dec. 21, 1946

(Date rec'd by registrar)

John B. Loughran, P.M.

Registrar

15.E. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

Howard

Maryland County Howard

Glenelg Ward No.

Philadelphia Pike

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 20 1946 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 1946 to Dec 20 1946

and that I last saw him alive on at no time

Immediate cause of death

Cremation

DURATION

10 min

Due to

Fire at residence

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Dt operations

Dt autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident Date of 12-20-46

Where did injury occur?

Glenelg Howard

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of Injury

Burned in fire Injured at work

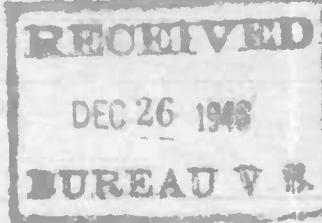
Alpha n Herbert

23. SIGNATURE

Report Medical Examiner, Howard M. D. or other

Address

Ellisott City Md Date signed 12-20-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

12184

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County

Howard
Gray Station Ellicott City, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.)

September 25, 1946.

6.(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
3		1	hrs. min.

9. Birthplace

Ellicott City, Md. R.F.D.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

12. Name

Frank C. Surrett

13. Birthplace

North Carolina

14. Maiden name

McIntire Zenia

15. Birthplace

North Carolina

16. Informant

Frank C. Surrett

Address

Ellicott City, Md. R.F.D.

Burial

Date thereof 12/25/46.

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

Lisbon Cemetery

Location

Lisbon, Maryland

18. Funeral director

Faison Lohr

Address

Ellicott City, Maryland.

19. Dec.

1946

1946

John P. Vaughan

(Date rec'd by registrar)

P.M.C.E.S. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1946, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 25, 1946, to Dec. 25, 1946

and that I last saw h.c. alive on Dec 25, 1946

Immediate cause of death

Bronchial pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

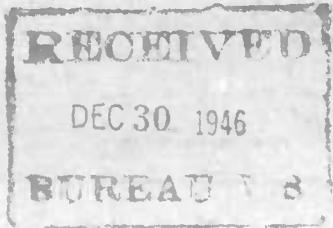
23. SIGNATURE

John P. Vaughan, M.D.

M. D. or other

Address

Ellicott City Date signed 12/26/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

CERTIFICATE OF DEATH

Reg. Dist. No.

12185
1950

1. PLACE OF DEATH:

County.....

Howard

City or town.....

Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Life
Baltimore ave

How long in hospital or institution?.....

3. (a) FULL NAME

James Roosevelt Williams

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Single

8. (b) Name of husband or wife.....

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 12 1929

8. AGE:

Years
17Months
7Days
10

If less than one day

. hrs. . min.

9. Birthplace.....

Savage Md

(Town, county and state)

10. Usual occupation.....

work

11. Industry or business

Involved 18 yrs

MOTHER FATHER

12. Name..... Eason Roosevelt Williams

13. Birthplace

Front Royal Va.

14. Maiden name.....

Mariel Stroenider

15. Birthplace

Strasburg Va.

16. Informant.....

Mrs. Eason R. Williams

Mother

Address

Savage, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... (month) (day) (year)

Cemetery or crematory

Savage Md

Location

Savage, Md

18. Funeral director.....

All West Funeral

Address

Frank Shifley, 12/24/46.

19. (To be filled in by registrar)

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Howard

City or town.....

Savage

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Baltimore ave

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Dec 22 18 46 at 3 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 19 46 to Dec 22 19 46

and that I last saw him alive on Dec 21 19 46

Immediate cause of death.....

Bronchitis - pneumonia & cerebral

Due to..... progressive

pulmonary

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

none

Date of op..... now

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Elkridge Md

Date signed 12/24/46

RECEIVED

JAN 2 1947

BUREAU OF

2-35